



King County
2016 KING COUNTY COMMUNITY SERVICE AREAS GRANT PROGRAM

COVER PAGE

Please use this template for your submission for funding from the Community Service Areas Grant Program. The level of detail should be appropriate to your organization's proposed activities, and to the level of funding allocated for your organization.

*Name:

Title/Role:

Organization Name:

Address:

Phone Number:

E-mail Address:

Website (if applicable):

**Legal Tax Status of your Organization (example: 501(c) (3)):

Secondary Contact Information:

Name:

Phone Number:

E-mail Address:

****this individual will be the contact person for questions concerning the project application.***

*****Agency will be required to fill out a King County W-9 form to receive funds.***



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The application consists of answering the following questions below. Please keep your submission to a maximum of three pages in addition to the Cover Page and Forms A and B. Please keep the font to no less than 11 pt. All supporting documents must be submitted with the application. Incomplete applications will not be rated.

Project Focus is in the following CSA (<http://www.kingcounty.gov/exec/community-service-areas.aspx>):

Project is located in the following King County Council District (http://www.kingcounty.gov/council/councilmembers/find_district.aspx):

1. **This request is for \$** (The maximum request must be less than \$5,000.)
2. What is the funding request for and **what will it accomplish?**
3. **Please state which of the following Funding Priority Goal(s) your project will address and how it will do so:** (a) Promote the engagement of local residents in community or civic activities; (b) Educate local residents about issues impacting them; (c) Implement a community enhancement project; and (d) Meet King County's equity and social justice goals of increasing fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency.
4. **Please provide a work plan for your project and the specific activities necessary to carry them out. Include a timeline where relevant.**
5. **Please describe the community process/needs assessment performed to determine your project request.**



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- 6. What is your vision for success for your project? Please provide specific outcomes and how you will measure project success that you will report on at the end of the project.**

- 7. Describe your outreach plan, the target audience the project is intended to serve, accessibility to all residents regardless of race, income, or language spoken and the number of participants benefitting from the project.**

- 8. Describe how the project objectives encourage public engagement and provide an opportunity for unincorporated area residents in the Community Service Area to learn about and participate in their community.**

- 9. Who are your community partners and what is their role in the project?**

- 10. What is your long term plan for continued funding and maintenance of project?**

- 11. Will the project be completed in 2016?**



FORM A

BUDGET ITEM/DESCRIPTION	COST
TOTAL PROJECT COST	\$



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FORM B

PRIVATE MATCH

COMMUNITY PARTNER	ITEM	AMOUNT
	TOTAL PRIVATE MATCH*	\$
BUDGET REQUEST FROM KING COUNTY**		\$

For volunteer hours please use **\$20/hour** for consistency purposes only.

*amount must be at least **25%** of Total Project Cost (Form A).

**this should match the amount stated in question #1.

For match/in-kind contributions, please include a letter of support from the group providing support.